4.	PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  Application or Docket Number  FO 103015  C 15:53 -502 9 km 1/5, f /												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			26				Г	RATE	FEE	1	RATE	FEE	•
FOR			NUMBER FILED		NUMBER EXTRA		8/	asic fee	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		* (.~		T	X\$ 9=		OR	X\$18=	108	
IND	EPENDENT C	minus 3 =		. 3			X42=		OR	X84≃			
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					440		1		75.	
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR		11/6	
		LAIMS AS A					•	TOTAL		OR	TOTAL	/i(D	
_(	11015	(Column 1)		(Colur	nn 2)	(Column 3)	SMALL		ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	_
NON	Total	. 2631	Minus	- 3	26	- 5		X\$ 9=		OR	X\$18=	257	U
AME	Independent	· 0	Minus	***	6	=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=		OR	+280=		
1 21 12 13 14 24							L	TOTAL			TOTAL		1
		(Column 1)		(Colur	nn 2)	(Column 3)	AD	DIT. FEE	L	,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	•	Minus	**				X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
	PIHST PHESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			140=		OR	+280=		
		(Column 1)		(Colur		(Column 3)	ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	,	<b>(\$ 9=</b>		OR	X\$18=		
AME	Independent	*	Minus	***	01.44		1	K42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+280=		
**	if the "Highest Nu	mn 1 is less than thember Previously Pa	ud For IN TH	IS SPACE &	less tha	in 20. enter "20."	<u> </u>	140= TOTAL DIT. FEE		OR OR	TOTAL ADDIT. FEE		
	The *Highest Nun	Imber Previously Pa	aid For IN TH d For (Total o	r Independe	ent) is the	highest number	found	in the app		c in col		COMMEDOS	

Thereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Attorney Docket No.: 018563-002920US Client Reference No.: AT-00084.2

Commissioner for Patents

**RO. Box 1450** 

Quandria, VA 22313-1450

On 25 ne 8, 200

WNSEND and TOWNSEND and CREW LLP

By: (1011) (1011) JOAnn Evangelista

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

PAVLOVSKAIA, ELENA et al.

Application No.: 10/633,015

Filed: July 31, 2003

For: SYSTEMS AND METHODS FOR

REMOVING GINGIVA FROM COMPUTER TOOTH MODELS

Customer No.: 46718

Confirmation No. 4730

Examiner: MANAHAN, TODD E

Art Unit: 3732

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER

37 CFR §1.97 and §1.98

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. In accordance with 37 CFR §1.98(d), copies of the references can be found in Application No. 10/087,153, filed February 28, 2002 (Attorney Docket No. 018563-002910US). It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that <u>no fee is required</u> for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

M. Heslin

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